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PTO/SB/05 (4/98)

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	17882-733	Total Pages	38
First Inventor or Application Identifier	Richard Wisniewski		
Title	Enhanced Thawing of Biopharmaceutical Solutions Using Oscillatory Motion		
Express Mail Label No.	EL341842940US		

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- |   |   |
|---|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 22]<br/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed-Sponsored R&amp;D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Detailed Description of the Drawings</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152) [Total Sheets 8]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2]</p> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 17 completed)</li> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> | <p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> |
|---|---|

## ACCOMPANYING APPLICATION PARTS

7.  Assignment Papers (cover sheet & document(s))
8.  37 CFR 3.73(b) Statement  Power of Attorney  
(when there is an assignee)
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS) PTO-1449  Copies of IDS Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  Small Entity  Statement filed in prior application, Status still proper and desired
14.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15.  Other: Power of Attorney by Assignee to Exclusion of Inventor

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. \_\_\_/\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 021971 or  Correspondence address below  
(Insert Customer No. or Attach bar code label here)

NAME				
ADDRESS				
CITY	STATE	ZIP CODE		
COUNTRY	TELEPHONE	FAX		

Name (Print/Type)	David J. Abraham	Registration No. (Attorney/Agent)	39,554
Signature	<i>David J. Abraham</i>	Date	May 25, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)730.00

**Complete if Known**

Application Number	Filed Herewith
Filing Date	Filed Herewith
First Named Inventor	Richard Wisniewski
Examiner Name	Unassigned
Group/Art Unit	Unassigned
Attorney Docket Number	17882-733

**METHOD OF PAYMENT (check one)**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 23-2415 (Docket No. 17882-733)

Deposit Account Name: Wilson Sonsini Goodrich & Rosati

Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	690.00
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$) 690.00</b>

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
17	-20** = 0	18	-0-
Independent Claims: 2	-3** = 0	78	-0-
Multiple Dependent			-0-

\*\*or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	78	202	39	Independent claims in excess of 3	
104	260	204	130	Multiple dependent claim, if not paid	
109	78	209	39	**Reissue independent claims over original patent	
110	18	210	9	***Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>					<b>(\$) -0-</b>

**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for replay within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	690	246	345	Filing a submission after final rejection (37 CFR 1.129(a))	
149	690	249	345	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)				25	Request for Corrected Filing Receipt
Other fee (specify)				55/110	Terminal Disclaimer
<b>SUBTOTAL (3)</b>					<b>(\$) 40.00</b>

\* Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Name (Print/Type)	David J. Abraham	Registration No. (Attorney/Agent)	39,554	Telephone	650-493-9300
Signature		Date	May 25, 2000		

Complete (if applicable)

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